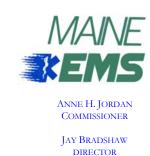


JOHN ELIAS BALDACCI GOVERNOR

## STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 152 STATE HOUSE STATION AUGUSTA, MAINE 04333



## Integrated Practical Exam (IPE) Re-Test Form – 4/3/07

Student's Instructor Coordinator: Complete the form and give it to the student who needs to retest the IPE.

**Student:** Present this form and the *Maine EMS Application for Testing and Initial Licensure* to the Instructor Coordinator of the program where you will re-test for the IPE

**Instructor Coordinator Administering Re-Test:** Complete the bottom section of the form and return it to the student's instructor coordinator, if requested. If not requested by course IC, return to student.

Student Information						
1. Name:	2. Date of Birth:					
3. Mailing Address:						
4. City, State & Zip:			5. Telephone:			
6. E-Mail:				7. Cou	urse Completion	date
(Original) Course Information						
8. Course Sp	oonsor Nan	ne:			9. IPE Level:	(Select One)
10. Address	:		11. Cit	y:	State:	
13. Zip:	Sp	onsor Contact Nan	ne:			
14. Tel.#		15. E-Mail:				
Instructor Coordinator Information (Original Course)						
IC Name:				Telephone#:		
E-Mail:				IC State Cert#	:	
I certify that the above named student is eligible to re-test the Maine EMS Integrated Practical Exam (IPE).  I request that the results of the IPE retest  be reported  not be reported back to me.						
IC Signature	e:			Date:		
IPE Re-Test Results & Station Scores						
1 <sup>st</sup> Re-Test:	IPE Date:	:	Course #:			
CPR:	Airway:	Bleeding:	Splinting:	Spinal:	Assessment:	
Pass:	Fail:	IC Signature:		IC Cert#	‡	Date:
2 <sup>nd</sup> Re-Test:	IPE Date:		Course#			
CPR:	Airway:	Bleeding:	Splinting:	Spinal:	Assessment:	
Pass:	Fail:	☐ IC Signature:		IC Cert	#:	Date:
PHONE:	(207) 626-38	360	TTY: (207) 287-	3659	FAX: (	(207) 287-6251